2006 PRE-USE ENGINE INSPECTION FORM

Company Name:		Date	<u>.</u>				
Vehicle Identification							
NWCG Type Engine (3-6):		Allow		able Tank Capacity			
		(gallo	ons)	-			
VIN#: DOT#		#:	:				
License #:	State:	Unit	nit ID #:				
Make:	Model:	Year	Year:				
Vehicle Licensing			3	Satisfactory?			
			Yes		No		
Vehicle meets licensing requirements	s, current registration						
Operator meets CDL licensing requirements with Tank Endorsement							
(if applicable)							
Vehicle meets insurance requirement	TS .						
Vehicle meets CVSA requirements (optional)							
Individual Training Information				Satisfactory?			
Photo Identification Card for each crew member			Yes	Yes No			
Annual Fireline Refresher Training			Yes	Yes			
WCT			Pass		Fail		
Red Card Rating							
ENGB	FF1			FF2			
Personal Protective Equipment			Yes	No	Qty		
Boots, leather lace up w/lug sole, 8"	tops, no steel shank						
Hardhat, plastic, 1 per person, OSHA approved							
Gloves, 1 pair per person, all leather							
Goggles, 1 pair per person							
Flame resistant clothing, (shirt and trousers)							
Head Lamp, 1 lamp per person w/batteries & hardhat attachment							
Canteen, 2 per person, 1 quart size							
Fire Shelter, 1 per person							
Engine type meets NWCG requirements in Appendix "E"		Yes					
Type of Engine	Quantity of 1" Hose		Quantit	Quantity of 1-1/2" Hose			
Minimum Engine Inventory			Yes	No	Qty		
1 – Live Hose Reel w/ minimum of r							
4 – Nozzles, comb spray/straight stre							
1 – Nozzle, adjustable combination, 1-1/2" NH							
24' Suction hose w/strainer or screened foot valve w/ hole size of 3/32" or less							
2 – Shovels, size "0"							
2 – Pulaskis							
3 – Spanner wrenches, 2 at 1-1/2", 1 at 1"							
3 – Gated wyes, 1-1/2" NH							
4 – Reducer-Adaptor, 1-1/2" NH x 1							
10 – Fusee's (fire starter)							
1 – Saw with fuel							
3 – Mill Bastard Files							
2 – Backpack pumps							
1 – 5 gallon container for drinking water							
1 – First Aid Kit (5 person)							
2 – Fire Hose Clamp for 1-1/2" hose	24.0.1122						
	vith 2 additional batteries or recharge	rs					
Specific Requirements	0.11.01				•		
1-1/2" Valves, all discharge valves a	re full flow rapid shut off		Yes		No		

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Company Name:		Date:						
Additional Vehicle Safety Items			Satisfactory?					
			Yes	No	Qty			
Reflective Triangles, bi-directional, set of 3					_ •			
Fire Extinguisher, 1 rated at 5 B:C or better OR 2	rated at 4 B:C							
Chock Blocks, 2								
Seat Belt for all passengers			Yes		No			
Compressed Air Foam System			Yes		No			
Compressor Rating (cubic feet per minute)				<u>I</u>				
Amount of Foam carried on Engine (gallons)								
Accessories for CAFS Units			Yes		No			
1. 1000 feet of 1-1/2" hose NH								
2. 1000 feet of 1" hose NPSH								
3. 1 Gated Wye, 2-1/2" x 1-1-2" x 1-1/2" NH								
4. 3 Full Flow Ball Valves, 1-1/2" NH								
5. If 86 cfm and above, CAFS needs 500' of 2-1/2" hose								
Foam Proportioner System (Type)			Yes		No			
If Yes checked for Foam Proportioner System an	ount of foam carried on en	ngine in s			110			
Water Tank Attachment to Vehicle	iount of fount curried on on	151110 111 8	Surroins.					
Attached to the frame or structurally sound flat be	ed		Yes		No			
Pump		Į.	2 45	l .	110			
Type of Pump PTO/aux.:			Serial #:					
Draft water from water source 10" vertical through	h required suction hose		Yes		No			
Pump and roll capability with at least 100 p.s.i.			Yes		No			
Vehicle Tires			Satisfactory?					
venicie Tres		ŀ	Yes	<u>atisfactor</u>	No No			
Tire load ratings in accordance with vehicle GVV	VR							
All season mud and snow tread with minimum 1/4" tread								
Vehicles with 4-wheel drive have mud and snow tread on all wheels								
Full size spare tire and wheel with changing equipment that shall fit any position								
or a spare tire for front and rear axle								
Vehicle Condition (including chips/cracks in Glass, dents/scratches in Body, etc.)								
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Name of Contractor (type or print) Co	<u>ntractor's Signature</u>		Date					
Name of Inspector (type or print) <u>Ins</u>	spector's Signature		Date					
Inspectors' Agency	Inspectors' Phone #							
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